EXHIBIT A

DOH-1961 (8/2011)

RECORDED DISTRICT
5154

REGISTER NUMBER
1421

NEW YORK STATE
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

131-2023-00052936

STATE FILE NUMBER

DECEDENT

1. NAME: FIRST	MIDDLE	LAST	2. SEX	3A. DATE OF DEATH MONTH / DAY / YEAR	3B. HOUR
Anthony		Belfiore	Male	07 03 2023	Approx 07:51 PM

4. PLACE OF DEATH (Check one): HOSPITAL DOA/ER ☐ HOSPITAL OUTPATIENT ☐ HOSPITAL INPATIENT ☒ NURSING HOME ☐ PRIVATE RESIDENCE ☐ HOSPICE FACILITY ☐ OTHER (Specify) ☐

4B. IF FACILITY, DATE ADMITTED MONTH 06 / DAY 26 / YEAR 2023

4C. NAME OF FACILITY (If not facility, give address): South Shore University Hospital

4D. LOCALITY (Check one and specify): CITY ☐ VILLAGE ☐ TOWN ☐ Islip Town

4E. COUNTY OF DEATH: Suffolk

4F. MEDICAL RECORD NO.

4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO ☐ YES ☐

5. DATE OF BIRTH MONTH DAY YEAR	6A. AGE IN YEARS	6B. IF UNDER 1 YEAR ENTER months/days	6C. IF UNDER 1 DAY ENTER hours/minutes	7A. CITY AND STATE OF BIRTH (If not USA, Country and Region/Province)	7B. IF AGE UNDER 1 YEAR NAME OF HOSPITAL OF BIRTH
▉	61 yrs			New York, New York	

8. SERVED IN U.S. ARMED FORCES? (Specify years): NO ☒ 0 YES ☐ 1

9. DECEDENT OF HISPANIC ORIGIN? Check the boxes that best describe whether the decedent is Spanish/Hispanic/Latino
A ☒ No, not Spanish/Hispanic/Latino B ☐ Yes, Mexican, Mexican American, Chicano
C ☐ Yes, Puerto Rican D ☐ Yes, Cuban
E ☐ Yes, Other Spanish/Hispanic/Latino (Specify)

10. DECEDENT'S RACE: Check one or more races to indicate what the decedent considered himself or herself to be
A ☒ White/Caucasian B ☐ Black or African American C ☐ Asian Indian D ☐ Chinese
E ☐ Filipino F ☐ Japanese G ☐ Korean H ☐ Vietnamese
J ☐ Native Hawaiian K ☐ Guamanian or Chamorro M ☐ Samoan
N ☐ American Indian or Alaska Native (specify)
P ☐ Other Asian (specify) R ☐ Other Pacific Islander (specify)
S ☐ Other (specify)

11. DECEDENT'S EDUCATION: Check the box that best describes the highest degree or level of school completed at the time of death
1 ☐ ≤ 8th grade 2 ☐ 9th-12th grade; no diploma 3 ☐ High school graduate or GED
4 ☐ Some college credit, but no degree 5 ☒ Associate's degree 6 ☐ Bachelor's degree
7 ☐ Master's degree 8 ☐ Doctorate/Professional degree

12. SOCIAL SECURITY NUMBER: ▉

13. MARITAL STATUS: NEVER MARRIED ☐ 1 MARRIED ☐ 2 WIDOWED ☐ 3 DIVORCED ☒ 4 SEPARATED ☐ 5

14. SURVIVING SPOUSE: Enter birth name of spouse if married or separated

15A. USUAL OCCUPATION (Do not enter retired): Electrical Designer

15B. KIND OF BUSINESS OR INDUSTRY: Electrical

15C. NAME AND LOCALITY OF COMPANY OR FIRM: Edwards and Zuck - New York, NY

16A. RESIDENCE (State or Country if not USA): NY

16B. County or Region/Province if not USA: Suffolk

16C. LOCALITY (Check one and specify): CITY ☐ VILLAGE ☐ TOWN ☐ Lindenhurst Village

16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES ☐ NO ☐ IF NO, SPECIFY TOWN

16D. STREET AND NUMBER OF RESIDENCE: 92 W Lido Promenade

16E. ZIP CODE: 11757

PARENTS

17. BIRTH NAME OF FATHER / PARENT: FIRST Diego MI LAST Belfiore

18. BIRTH NAME OF MOTHER / PARENT: FIRST Luisa MI LAST LaMonica

19A. NAME OF INFORMANT: Crystal Belfiore

19B. MAILING ADDRESS: (include zip code) 166 40th Street, Lindenhurst Village, NY 11757

DISPOSITION

20A. 1 ☐ BURIAL 2 ☐ CREMATION 3 ☐ REMOVAL 4 ☐ HOLD 5 ☐ DONATION 6 ☐ ENTOMBMENT
MONTH 07 / DAY 05 / YEAR 2023

20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Long Island Cremation Company

20C. LOCATION: (City or town and state) West Babylon Hamlet, New York

21A. NAME AND ADDRESS OF FUNERAL HOME: Mangano Funeral Home Inc
1701 Deer Park Avenue, Deer Park Hamlet, NY 11729

21B. REGISTRATION NUMBER: 01099

22A. NAME OF FUNERAL DIRECTOR: Joseph S Mari

22B. SIGNATURE OF FUNERAL DIRECTOR: ▶ Joseph S Mari Electronically Signed

22C. REGISTRATION NUMBER: 12230

23A. SIGNATURE OF REGISTRAR: ▶ Olga Murray Electronically Signed

23B. DATE FILED: MONTH 07 / DAY 05 / YEAR 2023

24A. BURIAL OR REMOVAL PERMIT ISSUED BY: Ann Altieri

24B. DATE ISSUED: MONTH 07 / DAY 05 / YEAR 2023

CERTIFIER

ITEMS 25 THRU 33 COMPLETED BY CERTIFYING PHYSICIAN -- OR -- CORONER/CORONER'S PHYSICIAN OR MEDICAL EXAMINER

25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated.
Certifier's Name: Samta Jain, MD
License No.: 276336
Signature: Samta Jain, MD ▶ Electronically Signed
Month 07 / Day 04 / Year 2023

Certifier's Title: 0 ☒ Attending Physician 0 ☐ Physician acting on behalf of Attending Physician 1 ☐ Coroner 2 ☐ Medical Examiner / Deputy Medical Examiner
Address: 301 E Main St, Islip Town, NY 11706

25B. If coroner is not a physician, enter Coroner's Physician's name & title. License No. / Signature / Month Day Year

25C. If certifier is not attending physician, enter Attending Physician's name & title. License No / Signature / Address

26A. Attending physician attended deceased: FROM Month 07 Day 03 Year 2023 TO Month 07 Day 03 Year 2023

26B. Deceased last seen alive by attending physician: Month 07 Day 03 Year 2023

26C. Pronounced Dead ON Month 07 Day 03 Year 2023 AT Time 08:00 PM

27. MANNER OF DEATH: NATURAL CAUSE ☒ 1 ACCIDENT ☐ 2 HOMICIDE ☐ 3 SUICIDE ☐ 4 UNDETERMINED CIRCUMSTANCES ☐ 5 PENDING INVESTIGATION ☐ 6

28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? 0 ☒ NO 1 ☐ YES

29A. AUTOPSY? NO ☒ 0 YES ☐ 1 REFUSED ☐ 2

29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? 0 ☐ NO 1 ☐ YES

CONFIDENTIAL   SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH   CONFIDENTIAL

CAUSE OF DEATH

30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE (A)	respiratory failure	hours
DUE TO OR AS A CONSEQUENCE OF (B)	renal failure	days
DUE TO OR AS A CONSEQUENCE OF (C)	rectal cancer	months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A) <<<>>>

DID TOBACCO USE CONTRIBUTE TO DEATH? 0 ☒ NO 1 ☐ YES 2 ☐ PROBABLY 3 ☐ UNKNOWN

31A. IF INJURY, DATE: MONTH DAY YEAR HOUR

31B. INJURY LOCALITY: (City or town and county and state)

31C. DESCRIBE HOW INJURY OCCURRED

31D. PLACE OF INJURY

31E. INJURY AT WORK? NO ☐ 0 YES ☐ 1

31F. IF TRANSPORTATION INJURY, SPECIFY: 1 ☐ Driver/Operator 2 ☐ Passenger 3 ☐ Pedestrian 4 ☐ OTHER (specify)

32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO ☐ 0 YES ☐ 1

33A. IF FEMALE: 0 ☐ Not pregnant within past year 1 ☐ Pregnant at time of death 2 ☐ Not pregnant, but pregnant within 42 days of death 3 ☐ Not pregnant, but pregnant 43 days to 1 year before death 4 ☐ Unknown if pregnant within past year

33B. DATE OF DELIVERY: MONTH DAY YEAR